

DESIGNATION OF BENEFICIARY

Policy Number T5MP-34299

Name of Policyholder – Kentucky Sheriff's Association

Name of Insured Person: _____.

Subject to the terms of the above Policy, between Mutual of Omaha Insurance Company and said policyholder. I request that the following beneficiary (ies) be substituted under the said Policy as my designated beneficiary (i.e.), in lieu of any and all beneficiaries previously named by me:

NAME OF BENEFICIARY	RELATED TO ME AS	ADDRESS OF BENEFICIARY
_____	_____	_____
_____	_____	_____
_____	_____	_____

(IF MORE THAN ONE NAMED, THE BENEFICIARIES SHALL SHARE EQUALLY UNLESS OTHERWISE STATED ABOVE)

Unless otherwise above expressly provides, if any beneficiary above designed predeceases me the share which such beneficiary would have received if such beneficiary has survived me shall be payable equally to the remaining designated beneficiary or beneficiaries, if any, who survived me, but if no designated beneficiary survives the beneficiary shall be determined as prescribed in said Policy.

The Designation of Beneficiary is subject to change as provided in said Policy.

WITNESS: _____

SIGNATURE OF PROTECTED PERSON

Date of Protected Person's signature: _____

ACKNOWLEDGMENT

The beneficiary as designated above has been recorded and is here by acknowledged.

Date Recorded: _____

FOR MUTUAL OF OMAHA INSURANCE COMPANY

County Sheriff Employed By: _____

CLASS A COVERAGE SHERIFF

CLASS B COVERAGE All SWORN AND NON SWORN PERSONNEL